

CARES – NTO DATA POINTS & COLLECTION

This section contains copies of CARES screens upon which NTO data, in some form, is collected. It has been assumed that, if you enter into the CARES system, it is not necessary to explain in detail how to enter information on these screens. If you are required to perform entry into the CARES system, and do not know how, please sign up with your area trainers for the W2 CARES course. If your agency is not required to perform entry into the CARES system, please feel free to skip over this section.

WPAW

ASSESSMENT – EMPLOYMENT

12 15 98 12:52
XDA307 J WIGGERT

PIN:

NAME:

*** LAST AS

**Enter NTO
Dot Code
here**

DATE: _____

OFFICE: 0811

COUNTY/TRIBAL UNIT: 13

CASE MANAGER: _____

PROGRAM EMPLOYMENT GOAL:

DOT

TITLE

PRIMARY: _____

SECONDARY: _____

ADDITIONAL: _____

RELATED GOALS:

JOB TITLE/ACTIVITY

**Enter Title of
NTO Occupation
here**

LONG TERM: _____

SHORT TERM: _____

LICENSES/CERTIFICATIONS: _____

VOLUNTEER WORK/HOBBIES: _____

OPERATES THE FOLLOWING EQUIPMENT: _____

SPECIALIZED SKILLS SUMMARY: _____

M T W R F S S

PREFERRED WORK HOURS: 00 00 TO 00 00 DAYS:

UNABLE TO WORK HOURS: 00 00 TO 00 00 DAYS: _____

REASON UNABLE TO WORK: _____

WORK ENVIRONMENT PREFERENCES: _____ WILL RELOCATE (Y/N): _____

PF13 WPED PF15 WPJR PF16 WPJS

PRINTS ON EMPLOYABILITY PLAN

NEXT TRAN: _____ PARMS: _____

WPED

ASSESSMENT – EDUCATION

12 15 98 12:52

XDA307 J WIGGERT

PIN:

NAME:

*** LAST ASSESS

**Education level is a useful
indicator of potential for NTO.**

OFFICE: 0811

COUNTY/TRIBAL UNIT: 13

SE MANAGER: _____

EDUCATION HISTORY:

ORIGINAL

CURRENT

HIGHEST ED. LEVEL: _____

REASON LEFT _____

LAST YEAR ATTENDED: _____

WHERE ATTENDED

DEGREE

MI

**High School diploma or its equivalent
is minimum required for entry into an
apprenticeship program.**

TESTING:

ORIGINAL
LEVEL

CURRENT

TEST MM/YEAR

LEVEL

TEST

MM/YEAR

READING

MATH

ENGLISH

APTITUDE

INTEREST

**Look here for levels as well as
test(s) administered. 8th grade
reading/math is minimum for
most NTO prep programs.**

PF14 WPAW

PF15 WPJR

PF

NEXT TRAN: _____

PARI

WPJS

EMPLOYABILITY SERVICE PLAN - 1

12 15 98 11:50

XDA307 J WIGGERT

PIN:

NAME:

*** LAST EMPLOYABILITY PLAN UPDATE:

PROGRAM EMPLOYMENT GOALS:

PRIMARY: DOT _____ TITLE: _____

SECONDARY: DOT _____ TITLE: _____

ALT _____ TITLE: _____

Enter NTO

DOT Code here

RELATED _____

SHORT TERM _____

OFFICE: 0811

COUNTY/TRIBAL

CASE MANAGER

**Enter title of NTO
occupation here.**

PARTICIPANT'S PERSONAL GOAL:

STEPS

DATE COMPLETED

1 _____

2 _____

3 _____

4 _____

5 _____

PF13 WPED PF14 WPAW PF15 WPJR

NEXT TRAN: _____ PARMS: _____

WPAS

EMPLOYABILITY SERVICE PLAN - 2

12 15 98 11:50

XDA307 J WIGGERT

PIN:

OFFICE: 0811

EP WORKER:

PRINTER-ID:

NAME:

COUNTY/TRIBAL UNIT:

LAST EMPLOYABILITY PLAN UPDATE: _____ CASE MANAGER: _____

ACTIVITY PLAN: (6 MONTHS MAX)

**Each Action Step indicates
the "current" designated path
toward a NTO occupation.**

ACTION STEPS OR
ACTIVITY

PLANNED
BEG DATE

QUAL
DATE

1 _____
HRS/WK: _____ REM: _____ CC: _____ TRNS: _____ OTR: _____
DEL: _____ LOCN: _____ PD: _____

2 _____
HRS/WK: _____ REM: _____ CC: _____ TRNS: _____ OTR: _____
DEL: _____ LOCN: _____ PD: _____

3 _____
HRS/WK: _____ REM: _____ CC: _____ TRNS: _____ OTR: _____
DEL: _____ LOCN: _____ PD: _____

MAILED (Y/N): _____ MAILED DT _____ SAVE EP IN HISTORY: _____
COMMENTS: _____

PF13-WPED PF14-WPAW PF15-WPJR PF16-PRINT ADD ACTIVITIES

NEXT TRAN: _____ PARMS: _____

WPCS

CREATE/UPDATE COMPONENT/STATUS

12 15 98 13:01

XDA307 J WIGGERT

PIN:

REGION: 0000

OFFICE: 0811

NAME:

**For NTO Prep Programs,
should be either WE or
Job Skills Training**

TYPE OF ACTION: _____ (A-ADD U-UPDATE C

COMPONENT/STATUS: _____
PHASE: _____ (P-PENDING S-SCH
BEGIN DATE: _____
STAFF ID: _____
PROVIDER ID: _____

**WE in Dane County =
0252
Job Skills Training =
code for "Tools for**

WEEKLY SCHEDULED HOURS: _____ W-2 SANC IND (Y/N): _____
DAILY SCHEDULED HOURS: _____ FREQUENCY (DAYS PER MONTH): _____
FUNDING SOURCE: _____
EMPLOYER PROVIDER ID: _____
SITE ID: _____

Enter NTO DOT code here

DOT: _____
NON-APPROVAL CODE: _____
ANTICIPATED END DATE: _____
COMPLETION CODE: _____
ACTUAL END DATE: _____

PF13 WPSC PF14 POST ANOTHER COMPONENT

NEXT TRAN: _____ PARMS: _____

**Both the Weekly Scheduled
Hours and the Anticipated
End Date are dependent upon
specific Prep Program
details. See Prep Programs
for specifics.**

WPEH

EMPLOYMENT HISTORY

12-15-08 12:05

PIN:
NAME:

WDA:
OFFICE: 0811

**For WE, this will
always be "N"**

ENTERED EMPLOYMENT (Y/N):

BEGIN DATE: _____

END DATE: _____

**In Dane County,
this will be 0252**

PROVIDER ID: _____

STAFF ID: _____

DURATION: ☐ FULLTIME LESS THAN 30 DAYS ☐ PARTTIME LESS THAN 30 DAYS
☐ FULLTIME 30 DAYS OR MORE

EMPLOYER TYPE: PUBLIC ☐ PRIVATE ☐

EMPLOYER NAME: _____

**WE Counselors will enter Worksite
Name and, if applicable, Division Name**

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

VO

DOT: _____

HOURLY WAGE: .00

PAY CODE: _____

JOB DUTIES: _____

**DOT
Code**

REASON FOR LEAVING:
MEDICAL BENEFITS: _____ OTHER BENEFITS: _____

**Should include
position title and
worksite schedule**

PF13 WPED PF14 WPFT-30 PF15 WPFT

NEXT TRAN: _____ PARMS: _____

WPEH is used in two ways – either to report “employment” through Work Experience on either a CSJ or W2T tier or to report subsidized/unsubsidized employment. Comments on this screen will be directed toward that which would be entered if this individual were enrolled in the Work Experience Program.